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ABSTRACT

The Re-ED experience of the Positive Education Program (PEP) in Cleveland, Ohio, utilizes educational, mental health, social service, and juvenile justice resources to provide a community based day treatment program for disturbed children and adolescents. Program components include team/counselor team staffing of classrooms, the Parents Training Parents program to accommodate hard to reach parents, home intervention, coordination of community services, and early intervention. (SBH)

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RE-ED IN A DAY TREATMENT SETTING: Mental Health and Education Working Together

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RE-ED IN A DAY TREATMENT SETTING
Mental Health and Education Working Together

The Re-ED experience at the Positive Education Program (PEP) in Cleveland has been an exciting job of translating effective approaches developed in residential settings to an urban community-based day treatment program.

I will focus first on two important elements that have characterized the development of PEP's treatment centers in Cleveland and Cuyahoga County: the cooperation among community institutions that have responsibility for children and the use of the urban community-based setting and its resources to enhance the treatment process.

PEP represents a unique amalgamation of educational, mental health, social service, and juvenile justice resources. All have mandates to serve children with problems. In most cases they have done so separately and in isolation from each other. Each has skills and powers to provide a part of the range of services needed. None have sufficient funds, responsibilities, or backgrounds to build effective programs. Past efforts have been fragmented and restricted.

The problems have been intricate. Thirty-one public school systems alone represent a coordination problem on the basis of sheer numbers if nothing else. Fortunately a tradition of inter-district cooperative programming has been developing over the past fifteen years. Far-sighted professionals have realized that cooperation brings better and more extensive services.

There had been, however, no history of joint program development between mental health and education. Interactions in the past have centered on issues of control and professional respect. Distrust and suspicion have often prevented any substantial pooling of resources and effective program building.

PEP's development as a mental health agency operating under the auspices of a county board of education has eliminated the issue of control. Efforts

have been less successful to develop services by having educational, mental health and social service agencies contribute personnel and other resources in a loose confederation. Programs collapse when administrative authority is shared, when personalities clash, or when financial crunches cause one partner to withdraw from the union.

Credit for PEP's development must be shared among far-sighted, open-minded, and dedicated professionals who have risen above petty turf issues in order to provide services to children. Community mental health planners, local educational professionals and state level consultants in both special education and mental health, all deserve credit for their nurturance and support of PEP.

Programmatically, a community-based day treatment program has a number of advantages. The ecological model of treatment becomes more meaningful when the elements of the child's ecology are close at hand and can become involved in the process.

Although day treatment takes longer than in a residential setting, it is considerably less costly and the continued involvement of the child in his home and community makes it less likely that the child alone will be the only object of the treatment regimen. The family is unable to extrude the child who is causing trouble. The familiar closing of ranks against the child who is removed from the home cannot take place.

When one examines PEP Day Treatment Programs as an application of Re-ED it is important to understand how the structure of Re-ED has been translated into a day program in a community school setting. Aside from the obvious physical differences in the facilities of the two settings, one would find very similar operational components. The most important element is the treatment team on front line in the classroom. For Re-ED, this team is comprised of a Day Teacher/Counselor, a Night Teacher/Counselor and a Liaison Teacher/

Counselor serving a group of 8 or 9 children. In PEP, a classroom of 10 to 12 children is staffed by a two-member team - a Teacher/Counselor, who is certified in LD/BD, and an Associate Teacher/Counselor, who is a bachelor level professional who majored in psychology or a related field. Five to seven classroom teams in each center are supported by two to four Liaison Teacher/Counselors, one full-time psychologist and a full-time coordinator. So, even though the structure is different, PEP staff carry out many of the same functions as Re-ED, and spend a great deal more time working with parents, and with the local schools to whom the children return after approximately one year of treatment. In addition, all of the centers are supported by a central staff of eight directors whose responsibilities include clinical and program supervision, research, training and dissemination, coordination of camping and other program components, and administrative services. Our commitment is to the continued development of an ecological model for full, comprehensive services to seriously, emotionally disturbed children and their families.

Involvement of the family in PEP day treatment centers has grown increasingly more important. Parent groups for teaching child management skills, family problem solving, and communication skills have been a part of PEP since the treatment centers opened. Few parents live more than twenty minutes from a treatment center so they can be involved frequently.

Some parents do not benefit from these groups. The professional staff have been extending the range of their services to provide help for parents who are personally too unstable to function in a group, who have serious marital difficulties, and who have substance abuse problems.

Support of parents by parents is more easily accomplished in a community-based program. The Parents Training Parents program where graduate parents are given special training and are paid to work with other parents is available at

all six centers.

The Parents Training Parents program was developed in order to accommodate hard-to-reach parents. In this project, experienced parents give support and teach child management skills to parents who are unable to attend group meetings. Many hard-to-reach parents have found that this project gives them the kind of help and new skills that they otherwise might not receive. Many of the teaching parents also express satisfaction in knowing and working with another parent who has dealt with problems similar to their own.

The results of a study completed a year ago indicate that 1) parents of disturbed children and adolescents can be reliably differentiated as "hard-to-reach" and easy-to-reach;" 2) parents trained by other parents gain as much in knowledge of behavioral principles as parents trained by professionals; 3) parents trained individually by other parents attend training sessions more frequently than parents trained by professionals in a group; and, 4) children from "easy-to-reach" parents appeared to make more rapid gains in treatment than children from "hard-to-reach" parents.

Another experimental program just completed involves the professional staff making systematic home observations, developing intervention strategies and monitoring them on a tri-weekly basis. The techniques used in this study are an adaption and expansion of the family work being done by the Oregon Social Learning Center, under the direction of Gerald Patterson. The goal is to help parents see themselves as "therapeutic change agents" in their child's environment. In this project, we have demonstrated that both the use of home observations and periodic parent reporting of home behaviors by telephone can be used to help 1) measure the child's home behavior, 2) guide the professional in treating the child's home behaviors, and 3) increase the parents involvement in the treatment process.

Results from this study indicate that home observations, systematic parent contacts, and data-based home treatment plans have a significant treatment effect. Parents in the experimental group reported their children's behavior as significantly improved, as measured by the Achenbach Behavior Rating Scale. Children in the experimental group also reported an improved self-concept as measured by the Piers-Harris Self-Concept Scale. Home observations of families in the experimental group demonstrated that socially inappropriate behaviors of the target child decreased to a large degree than children whose parents only participated in the regular parent training program.

Attempts to develop ties to the various components of the juvenile justice system have resulted in a coordination of services to adolescents in particular. Youths can now be moved with relative ease between the residential facilities of the Cuyahoga County Department of Youth Services and of the Ohio Youth Commission.

Similar relationships have been developed with the welfare department which often has custody of students at PEP.

Working relationships with local public and private psychiatric hospitals and wards have been developed which allow the movement of a child from a hospital setting to PEP. Highest priority is given to such children due to the need for an intermediary placement between hospital and home. It is not uncommon for a youngster to be staying in a hospital at night and attending a PEP treatment center during the day. The PEP classroom unit at Ridgecliff Hospital make this arrangements possible on hospital grounds. These close relationships are useful in those rare instances when a PEP student is in need of emergency 24 hour hospital care.

In effect, the PEP treatment centers are an important link in a continuum of service. PEP's two Early Intervention Centers play an important role in the

same way for preschool children and their families. Although the structure is not the same, the Re-ED approaches and values, especially the emphasis on working with the ecology, are central to Early Intervention Center (EIC) operation. Program development within the EIC's has been modeled after the Regional Intervention Program in Nashville, Tennessee.

In the centers, parents are trained to teach and work with their own children. They are taught techniques for managing their children's behavior and teaching their children developmentally appropriate skills. Behavior problems such as chronic temper tantrums are typical of many children enrolled in EIC. In addition, parents frequently report problems which include noncompliance, over activity, aggression, and distractibility. Developmentally delayed children served by EIC are functioning below age level in such diverse areas as speech and language development, fine and gross motor control, self-help skills, social development, and school readiness skills.

Parent implementation is the main focus of the program. After learning the techniques they need for dealing with their own child's problems, parents pay back time to the program for the services they received. During the treatment phase, parents are involved in the collecting and recording of data from the daily activities - the individual sessions, in the classroom, and at home. They also participate in group learning experiences with other parents and with their children in the classroom.

The professional staff acts as "Resources" or "Consultants" to the parents. They provide programming for teaching a certain skill or changing a problem behavior, but it is the parents who work directly with the children. In addition to overseeing center operations, the staff engage in other activities, including reviewing data, writing and evaluating objectives and individual education plans, and providing follow-up services for families who have completed the program.

The Early Intervention Center-East has compiled the following statistics for the period November, 1976 through March, 1980, based on 116 intakes.

Presenting Problems	
Behavior Disordered only	66%
Developmentally Delayed	34%
Sex of Children	
Male	78%
Female	22%
Mean Age of Child at Intake	49.5 months
Ethnic Origin	
Minority	30%
Non-Minority	70%
Referral Source	
School Personnel	36%
Medical Professionals	9%
Non-Medical Professionals	28%
EIC Parent/Friends	15%
Newspaper Articles/Presentations	9%
Other	3%
Current Status of 116 Intakes	
Completed Treatment	59%
In Treatment	22%
Prematurely Terminated	19%
Mean Length of Treatment (Behavior Disordered, N-45)	53 days
Mean Length of Treatment (Developmentally Delayed, N-23)	78 days
Mean Length of Treatment (All, N-68)	61 days

There are other elements of PEP programs that deserve mention also. Our therapeutic camping program has developed a unique relationship with the Greater Cleveland Boy Scout Council, which has a special education camping program. There are special benefits for PEP, such as use of camping facilities and purchase of equipment, but also the relationship with Scouts enables us to

build scouting into a student's ecological support system as he leaves PEP. All classrooms are scouting troups, and teacher/counselors are increasingly building scouting structures into their management and treatment systems.

Recent planning efforts in the area of research and training have brought us to the point of implementation this fall of an Institute for Research and Teacher Training in affiliation with Cleveland State University and Kent State University. In order to accomplish the establishment of this Institute, PEP is bringing Drs. Robert and Mary Cantrell to Cleveland, as Co-Directors, to establish a data base for research and to plan a new curriculum for training of teacher/counselors at Cleveland State. The Cantre!!'s have had vast experience with the Re-ED model and for the past three years, they have been holding positions at the University of Alabama, Robert as Chairman of the Department of Special Education and Mary Lynn as Training Coordinator in the Center for Developmental and Learning Disorders.

Concurrent with the work within the Institute, PEP will be involved in training and dissemination especially in Ohio. A replication handbook for the Early Intervention Center is just being completed by Dr. Mary Lynn Cantrell, under a grant from the Ohio Developmental Disabilities Council. Another book which explains all of the components of the day treatment program has been prepared for distribution by PEP, titled "Helping Disturbed Children: A Model for Systematic Treatment." A "Parent Training Source Book" is also available as a guide for professionals working with parents.

Re-ED has taken PEP a long way toward its achievement of effective services to children and families within a community-based school setting. Re-ED principles are applicable in diverse settings and they provide a framework for cooperation between education and the wide range of support services needed for helping disturbed children.

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